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Dr. Linda Wilmot
Center for Veterinary Medicine (HFV-112)
Food and Drug Administration
7500 Standish Place
Rockville, MD
20855
USA

Re:Draft Discussion Document
Proposals to Increase the Availability of Approved Animal Drugs for Minor Species and Minor Uses

Dear Dr. Wilmont,

These remarks are in response to FDA's request for comments on Proposals to Increase the Availability of Approved Animal Drugs for Minor Species and Minor Uses. I am an American citizen, went to the University of Pennsylvania School for Veterinary Medicine and have worked in British Columbia, Canada in the salmon aquaculture industry since 1986. I have been intimately involved with benchmarking production management as well as food safety issues, particularly with respect to therapeutant use and residues in food fish under HACCP.

My remarks will be brief. I am largely in support of the document submitted by Dr. Robert D. Armstrong by Salmon Health. The comments below are in addition to his remarks:

Comments on the proposal introduction:

> **Domestic products lack the ability to compete with imported products**: this is true at present. However, consistent use of products not currently approved in either the US or

Canada for fish is due to poor management and, by extension, environmental practices. We know from a century of commercial agriculture in North America that best management practices seriously decrease the necessity for therapeutants, especially when combined with preventative techniques such as vaccination. Proper rotation of therapeutants, while not strictly preventative, is also effective and does not necessarily lead to antibiotic "resistance". This "minor species use" proposal must provide incentives for serious and ongoing improvement in management practices as a trade off for introduction of new therapeutants. This long term, self improvement and preventative approach must be factored into the cost benefit analysis, including risk assessments, for introduction of new therapeutants.

A second and equally important issue is that all new introductions must be done within the context of food safety. Veterinarians have a responsibility for food safety as much as they do to prevent the suffering of animals under their care. To test for residues there must be validated techniques that will stand up in court for all therapeutants that are introduced. At present these do not exist for aquaculture species for other than the presently approved compounds and will have to be developed.

A. Modification of Extralabel Provisions

Reproductive hormones and implants: Regulations should apply to all therapeutants. However, given the strong public perception issues with hormones and thereby, deterrents to market access, special care and due diligence must be exercised in these areas to allay public fears. We already know from experience in other species that, used judiciously, these therapeutants can be extremely beneficial.

C. Enhancement of Existing Program for Data Development

Establish a minor use data base: I have had considerable experience in managing industry wide data bases; this is not an easy task where multiple personalities, agendas and goals are involved. There is precedent for these data bases to succeed, but they must be privately funded, confidential to the participants and immune to Freedom of Information requests for the duration of their existence. Academic institutions might qualify if they can meet all of the conditions, as do private consortia between drug company, academics and participating producers. Third party verification by FDA or designated auditors, or the inclusion of veterinarians, who are already bound by professional ethics, make this achievable. After field trials and once the therapeutant data for approval is ready, then the data could be turned over to FDA for appropriate scrutiny. This protects the interested parties and allows the appropriate process to move forward.

D. Incentives to Pursue Minor Use Drug Approvals

Extended exclusivity: Extended exclusivity, perhaps including all claims of the product, is a significant incentive, but there must be a sunset clause included, catered to the *individual* situation, to facilitate closure of the approval process.

I. International Harmonization

Differences in approval standards: International trade and harmonization issues dictate that the approval process and standards, hold up in court to legal challenge. For example, with respect to testing for residues, will FDA retain a blanket detection level such as OIE's 0.1 ppm or will it vary among therapeutants? How will this be determined? Key determinants such as withdrawal times depend on these levels. For example, withdrawal times in fish, crops and other poikilothermic species will have to be in non traditional terms, i.e., degree days and not days, and will have to take into account special metabolism. Salmonids, for example, where oxytetracycline is administered below 10 degrees Celsius require significantly longer withdrawal times than for administration above ten degrees.

Please contact me if you have questions or require clarification.

Sincerely yours,

Grace A. Karreman, VMD